

West Virginia Office of Miners' Health Safety & Training

UNDERGROUND AND SURFACE MINE COMPREHENSIVE MINE SAFETY PROGRAM INITIAL PROGRAM SUBMITTAL FORM

Company Name _____

WV Permit No. _____

Mine Name _____ MSHA ID: _____

Address _____ City _____

State _____ Zip Code _____ Telephone _____

No. of Employees _____ No. of Shifts _____ No. of Sections _____

FEIN Number: _____

Please give the name and address for a safety contact person at the mine:

Name: _____ Title: _____

Street/Route: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Date program was submitted: _____

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM.

PART A - NOTIFICATION OF EMPLOYEES

Which option did the operator elect to use for employee review of the safety program?

Please check the appropriate option:

- ☐ Miners' representative (Please go directly to Subpart 1)
- ☐ Meeting with employees (Please go directly to Subpart 2)
- ☐ Exempt Owner/Operator (*Applies only to Independent Truckers*)

SUBPART 1 Miners' Representatives:

Please provide names of miners' representatives (at least three are required)
(Print Names)

1. _____
2. _____
3. _____
4. _____

Are all employees provided with a copy of the safety program? Yes ☐ No ☐

Date copy provided to employees: _____

Has a description of the eight hour miners' representative instruction program been attached?
Yes ☐ No ☐

Did miners' representatives participate in developing the program? Yes ☐ No ☐

****PLEASE GO ON TO PART B if you completed Subpart 1.**

Subpart 2 - Meeting with Employees

When was the meeting with employees held?

Date of Meeting: _____

When was the notice of the meeting posted on the mine bulletin board?

Date Notice of Meeting Posted: _____

When was the Director of the Office of Miners' Health, Safety & Training notified of the time and place of the meeting? (at least ten (10) days prior to meeting)

Date Notified: _____

****PLEASE GO ON TO PART B if you completed Subpart 2**

PART B - POSTING AND MINE EVALUATION:
WRITTEN COMMENTS ON THE PROGRAM

When was the safety program posted on the mine bulletin board?

Date Posted: _____

Was a mine safety evaluation conducted prior to submission of the safety program?
Yes ☐ No ☐

Has the operator received written comments regarding the safety program?
Yes ☐ No ☐

If yes, have the written comments been included with this submission?
Yes ☐ No ☐

****PLEASE GO ON TO PART C**

PART C - SAFETY PROGRAM COMPONENTS AND PROGRAM EVALUATION

Based upon the safety needs of the operator's particular mine, the written comprehensive safety program includes the following components:

(Check Appropriate Response)

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | The operator's safety policy for each mine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | The operator's policies regarding personal safety protection of each worker (hard hats, shoes, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Classroom training programs and objectives? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Workplace training programs and objectives? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Training programs and objectives for safety meetings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Informal training programs and objectives? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | The operator's practices and procedures for promoting safe working practices for personnel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | The operator's practices and procedures for promoting safe working conditions in the mine environment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | The operator's practices and procedures for promoting safe working practices for machinery, equipment, and systems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | The operator's emergency provisions and procedures at the mine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Operator's procedures for accident investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Operator's procedures for filing accident reports? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Operator's procedures for analysis of accidents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Operator's procedures for accident investigation follow-up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Operator's practices and procedures for comprehensive mine safety program promotion and enforcement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other components deemed necessary by the operator to effectuate the goals of Chapter 22A, Article 1, Section 36 of the W.Va. Code:

ANNUAL EVALUATION CRITERIA

Please check the box next to the items you plan to use in the annual evaluation of the effectiveness of your program:

Required Information

- ☐ Accident frequencies or rates
- ☐ Accident distributions
- ☐ Violations written under W.Va. Code Chapter 22A, Article 1, Section 15a
- ☐ Fatal Accidents and serious injuries as defined by Title 36, Series 19, Section 3.2

Optional Sources of Information

- ☐ Mine conditions or changes in mine conditions
- ☐ Mine methods or equipment at the mine
- ☐ Number of working sections at the mine
- ☐ Personnel or management at the mine
- ☐ Instructors responsible for safety training
- ☐ Findings from safety observations conducted by mine officials

Other optional items

****PLEASE GO ON TO PART D**

PART D - SAFETY INSTRUCTORS

Please list below all instructors who, at this date, have primary responsibility for planning and/or conducting safety training at the mine. Please list all qualifications/certifications relevant to the safety training responsibilities involved:

Company Employees:

	<u>Instructor Name</u>	<u>Qualifications/Certifications</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Private Agency or Public Organization Personnel:

	<u>Instructor Name</u>	<u>Qualifications/Certifications</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

****PLEASE GO ON TO PART E**

PART E- PROGRAM CHECKLIST

Does your safety program include:

The methods or procedures used to accommodate employee review of the program; Yes ☐ No ☐

The methods or procedures used to develop an initial mine evaluation; Yes ☐ No ☐

Methods or procedures used to carry out each component which the operator identified in his safety program; Yes ☐ No ☐

Methods or procedures used in the annual review and evaluation of the operator's safety program; Yes ☐ No ☐

You will be notified of the program approval within 30 days after the safety program submittal deadline. Should your submission not be approved, you will be notified of the specific reasons for rejection of the program and provided a reasonable length of time to modify and resubmit your program to the Office of Miners' Health, Safety & Training.

Signature of person filing

Printed Name

Title of person filing

Telephone Number

List all independent contracting companies at this mine site as defined in Title 36, Series 20, Section 6, attach additional page(s) if necessary.

Contractor Company Name	Address	Type of Contracting Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ **Date** _____

Send this initial submittal form (along with any additional attachments) to the attention of the Safety Instructor located at your nearest WV Office of MHST Regional Office.

REGION 1

WV OFFICE OF MHST
14 COMMERCE DRIVE – SUITE 1
WESTOVER, WV 26501
304-285-3268
304-285-3275 (fax)

REGION 3

WV OFFICE OF MHST
431 RUNNING RIGHT WAY
JULIAN, WV 25529
304-369-7823
304-369-7826 (fax)

REGION 2

WV OFFICE OF MHST
891 STEWART STREET
WELCH, WV 24801
304-436-8421
304-436-2100 (fax)

REGION 4

WV OFFICE OF MHST
337 INDUSTRIAL DRIVE
OAK HILL, WV 25901
304-469-8100
304-469-4059 (fax)